ATTENTION:

Please do not complete this form. This form is only used to give you an idea of the questions we will ask when you apply. It will help you prepare for the interview.

Social Security Administration ☐ TEL TOE 120/145/155 Form Approved OMB No. 0960-0003

APPLICATION FOR MOTHER'S OR FATHER'S INSURANCE BENEFITS*

(Do not write In this space)

I apply for all insurance benefits for which I am eligible under Title II (Federal Old-Age, Survivors, and Disability Insurance) and part A of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act, as presently amended.

The information you furnish on this application will ordinarily be sufficient for a determination on the lump-sum death payment.

*This may also be considered an application for survivors benefits under the Railroad Retirement Act and for Veterans Administration payments under title 38 U.S.C., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under title 38).

1.	(a) PRINT Name of deceased wage earner or self-employed person *(herein referred to as the "Deceased")* →	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Check (X) one for the Deceased. →	☐ Male ☐ Female
	(c) Enter Deceased's Social Security Number. →	__ __ __ / __ __ /__ __ __ __
2.	(a) PRINT your name. →	FIRST NAME, MIDDLE INITIAL, LAST NAME
	(b) Enter your Social Security Number. →	__ __ __ / __ __ /__ __ __ __
3.	Enter your name at birth if different from item 2. →	
4.	(a) Enter your date of birth. →	MONTH, DAY, YEAR
	(b) Enter name of State or foreign country where you were born. →	

Please read carefully before answering item 5

You may receive a mother's or a father's benefit for any month in which you have in your care the Deceased's child or dependent grandchild who is entitled to a child's benefit if the child is:

- under age 16, or
- disabled or handicapped (age 16 or over and disability began before age 22).

If you are filing as a surviving divorced mother or father, such child must be your son, daughter, or legally adopted child who is entitled to child's benefits on the Deceased's earnings record.

Mother's or father's benefits are not payable if the only child in your care is a child age 16 or over who is not disabled.

5. Has an unmarried child or dependent grandchild of the Deceased, who is under age 16 or disabled, lived with you any time from the month of death through the present month? (Include natural child, adopted child, stepchild, and stepgrandchild.)
(If "Yes," enter the information requested below.) → ☐ Yes ☐ No

Name of child	Months child lived with you *(If all, write "All")*

6.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare? →	☐ Yes *(If "Yes," answer (b) and (c).)* ☐ No *(If "No," go on to item 7.)*
	(b) Enter name of person on whose Social Security record you filed other application. →	
	(c) Enter Social Security Number of person named in (b). *(If "Unknown," so indicate.)* →	__ __ __ / __ __ /__ __ __ __

7.	(a) Are you, or during the past 14 months have you been, unable to work because of illnesses, injuries or conditions? →	☐ Yes ☐ No *(If "Yes," answer (b).)* *(If "No," go on to item 8.)*
	(b) Enter the date you became unable to work. →	Month, Day Year
8.	Did you work in the railroad industry for 7 years or more? →	☐ Yes ☐ No
9.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's social security system? →	☐ Yes ☐ No *(If "Yes," answer (b).)* *(If "No," go on to item 10.)*
	(b) If "Yes," list the country(ies). →	
10.	Is there a surviving parent (or parents) of the Deceased who was receiving support from the Deceased at the time of death or at the time the Deceased become disabled? →	☐ Yes ☐ No *(If "Yes," enter the name and address of the parent(s) in "Remarks".)*

11. Enter below information about each of your marriages. Include information on your marriage to the Deceased and any other other marriages, whether before or after you married the Deceased. If you are applying for father's benefits, enter the maiden name of the Deceased.

To whom married		When *(Month, day, year)*	Where *(Name of City and State)*
Your last marriage	How marriage ended	When *(Month, day, year)*	Where *(Name of City and State)*
	Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in Remarks)*	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number *(If "None" or "Unknown," so indicate)* __ __ __ / __ __ /__ __ __ __		
To whom married		When *(Month, day, year)*	Where *(Name of City and State)*
Your previous marriage **(IF NONE, WRITE "NONE.")**	How marriage ended	When *(Month, day, year)*	Where *(Name of City and State)*
	Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in Remarks)*	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number *(If "None" or "Unknown," so indicate)* __ __ __ / __ __ /__ __ __ __		

(Use "Remarks" space on back of page for information about any other previous marriage)

12. Enter below the information requested about each marriage of the Deceased, including the marriage to you. (Indicate your marriage to the Deceased by enter you name; it is not necessary to repeat other information about this marriage you have already give in item 11.) Enter complete information on all other marriages.

To whom married		When *(Month, day, year)*	Where *(Name of City and State)*
Last marriage of Deceased	How marriage ended	When *(Month, day, year)*	Where *(Name of City and State)*
	Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in Remarks)*	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number *(If "None" or "Unknown," so indicate)* __ __ __ / __ __ /__ __ __ __		
To whom married		When *(Month, day, year)*	Where *(Name of City and State)*
Previous marriage of the Deceased **(IF NONE, WRITE "NONE.")**	How marriage ended	When *(Month, day, year)*	Where *(Name of City and State)*
	Marriage performed by: ☐ Clergyman or public official ☐ Other *(Explain in Remarks)*	Spouse's date of birth (or age)	If spouse deceased, give date of death
	Spouse's Social Security Number *(If "None" or "Unknown," so indicate)* __ __ __ / __ __ /__ __ __ __		

(Use "Remarks" space on back of page for information about any other previous marriage)

If you are applying for surviving divorced spouse's benefits, omit 13 and go on to item 14.

13. (a) Were you and the Deceased living together at the same address when the Deceased died? → ☐ Yes *(If "Yes," go on to item 14.)* ☐ No *(If "No," answer (b).)*

(b) If either you or the Deceased were away from home (whether or not temporarily) when the Deceased died, give the following:

Who was away? →	☐ You ☐ Deceased
Reason absence began →	
Date last at home →	
Reason you were apart at time of death →	
If separated because of illness, enter nature of illness or disabling condition →	

Answer item 14 ONLY if the Deceased died before this year.

14. (a) How much were your total earnings last year? → $

(b) Place an "X" in each block for EACH MONTH of last year in which you did not earn more than *$ _____ in wages, and did not perform substantial services in self-employment. These months are exempt months. If no months were exempt months, place an "X" in "NONE". If all months were exempt months, place an "X" in "ALL". →

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

15. (a) How much do you expect your total earnings to be this year? → $

(b) Place an "X" in each block for EACH MONTH of this year in which you did not or will not earn more than *$ _____ in wages, and did not or will not perform substantial services in self-employment. These months are exempt months. If no months are or will be exempt months, place an "X" in "NONE". If all months are or will be exempt months, place an "X" in "ALL". →

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

Answer this item ONLY if you are now in the last 4 months of your taxable year (Sept., Oct., Nov., and Dec., if your taxable year is a calendar year).

16. (a) How much do you expect to earn next year? → $

(b) Place an "X" in each block for EACH MONTH of next year in which you do not expect to earn more than *$ _____ in wages, and do not expect to perform substantial services in self-employment. These months will be exempt months. If no months are expected to be exempt months, place an "X" in "NONE". If all months are expected to be exempt months, place an "X" in "ALL". →

*Enter the appropriate monthly limit after reading the instructions, "How Your Earnings Affect Your Benefits".

NONE		ALL
JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEPT
OCT	NOV	DEC

If you use a fiscal year, that is, a taxable year that does not end December 31 (with income tax return due April 15), enter here the month your fiscal year ends. → MONTH

17.	(a) Have you qualified for, or do you expect to quality for, a pension or annuity (or a lump sum in place of a pension or annuity) based on your own employment and earnings for the Federal Government of the United States, or one of its States or local subdivisions? *(Social Security benefits are not government pensions).* →	☐ Yes ☐ No *(If "Yes," check the box in item (b) that applies.)* *(If "No," go on, to item 18.)*
	(b) ☐ I receive a government pension or annuity. ☐ I received a lump sum in place of a government pension or annuity. ☐ I applied for and am awaiting a decision on my pension or lump sum.	☐ I have not applied for but I expect to begin receiving my pension or annuity: *(If the date is not known, enter "Unknown.")* Month / Year

18. Check if applicable:

☐ I am not submitting evidence of the deceased's earnings that are not yet on his/her earnings record. I understand that these earnings will be included automatically within 24 months, and any increase in my benefits will be paid with full retroactivity.

I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I begin to receive a government pension or annuity, based on my own earnings, from the Federal government or any State (or any political subdivision thereof), or if my present government pension or annuity amount changes.

I understand that SSA will use the earnings reported to SSA by my employer(s) and my self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. I also understand that it is my responsibility to ensure that the information I give SSA concerning my earnings is correct. I also,understand that I must furnish additional information as needed when my benefit adjustment is not correct based on the earnings on my record.

BENEFITS MAY END if either of the following events occur. However, there are certain exceptions which are explained in the informational booklet which you will receive. You must report each of these events even if you believe an exception applies. We will advise you whether additional evidence is needed and how your benefits may be affected.

I AGREE TO PROMPTLY NOTIFY the Social Security Administration and to PROMPTLY RETURN ANY BENEFIT CHECK I receive if the check is for a month in or after the month which:

- I MARRY.
- I NO LONGER HAVE IN MY CARE the Deceased's child or dependent grandchild under age 16 or disabled who is entitled to benefits.
- I am confined to jail, prison, penal institution or correctional facility for conviction of a crime or confined to a public institution by court order in connection with a crime.

REMARKS *(You may use this space for any explanations. If you need more space, attach a separate sheet.)*

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law by fine, imprisonment or both. I affirm that all information I have given in this document is true.

SIGNATURE OF APPLICANT	Date *(Month, day, year)*
Signature *(First Name, Middle Initial, Last Name) (Write in ink)* **SIGN HERE** ▶	Telephone number(s) at which you may be contacted during the day (AREA CODE)

FOR OFFICIAL USE ONLY	Direct Deposit Payment Address *(Financial Institution)*			
	Routing Transit Number	C/S	Depositor Account Number	☐ No Account ☐ Direct Deposit Refused

Applicant's Mailing Address *(Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)*

City and State	ZIP Code	County *(if any)* in which you now live

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in the Signature block.

1. Signature of Witness	2. Signature of Witness
Address *(Number and Street, City, State and ZIP Code)*	Address *(Number and Street, City, State and ZIP Code)*

Collection and Use of Information from Your Application - Privacy Act/Paperwork Act Notice

I. The Social Security Administration is authorized to collect the information on this form under sections 202(g) and 205(a) of the Social Security Act, as amended (42 U.S.C. 402(g) and 405(a)).

II. While it is voluntary, except in the circumstances explained below, for you to furnish the information on this form to Social Security, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure benefits not authorized by the Social Security Act.

III. The information on this form is needed to enable Social Security to determine if you and your family are entitled to monthly benefits.

IV. Failure to provide all or part of this information could prevent an accurate and timely decision on your claim or your family's claim, and could result in the loss of some benefits.

V. Although the information you furnish on this form is almost never used for any other purpose than stated in Part III, above, there is a possibility that in the administration of the Social Security programs or for the administration of programs requiring coordination with the Social Security Administration, information may be disclosed to another person or to another government agency as follows:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration);
3. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

VI. The information you provide may also be used without your consent in automated matching programs. These matching programs are computer comparisons of Social Security Administration records with records kept by other Federal agencies or State and local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If would like more information about this, get in touch with any Social Security office.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY MOTHER'S OR FATHER'S INSURANCE BENEFITS

TELEPHONE NUMBER(S) TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT	**BEFORE** YOU RECEIVE A NOTICE OF AWARD __ __ __ (AREA CODE)	SSA OFFICE	DATE CLAIM RECEIVED
	AFTER YOU RECEIVE A NOTICE OF AWARD __ __ __ (AREA CODE)		

Your application for Social Security benefits has been received and will be processed as quickly as possible.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

In the meantime, if you have a change of address, or if there is some other change that may affect your claim, you—or someone for you—should report the change. The changes to be reported are listed on page 5.

Always give us your claim number when writing or telephoning about your claim.

If you have any questions about your claim, we will be glad to help you.

CLAIMANT	DECEASED'S SURNAME IF DIFFERENT FROM CLAIMANT'S	SOCIAL SECURITY NUMBER

CHANGES TO BE REPORTED AND HOW TO REPORT

Failure to report may result in overpayments that must be repaid and in possible monetary penalties.

- You change your mailing address for checks or residence. *(To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.)*
- You go outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Work Changes - On your application you told us you expect total earnings for _____ to be $_____ .

  You ☐ (are) ☐ (are not) earning wages of more than $_____ a month.

  You ☐ (are) ☐ (are not) self-employed rendering substantial services in your trade or business.

  (Report AT ONCE if this work pattern changes)
- You are confined to jail, prison, penal institution or correctional facility for conviction of a crime or you are confined to a public institution by court order in connection with a crime.
- Custody Change or Disability Improves - Report if a person for whom your a filing, or who is in your care dies, leaves your care or custody, changes addresses, or, if disabled, the condition improves.
- Change of Marital Status - Marriage, divorce, annulment of marriage.
- You begin to receive a government pension or annuity (from the Federal government or any State or any political subdivison thereof) or present payment changes.

HOW TO REPORT

You can make you reports by telephone, mail or in person, whichever you prefer.

WHEN A CHANGE OCCURS AFTER YOU RECEIVE A NOTICE OF AWARD, YOU SHOULD REPORT BY CALLING THE APPROPRIATE TELEPHONE NUMBER SHOWN NEAR THE TOP OF THIS PAGE.

The law requires that a report of earnings be filed with SSA within 3 months and 15 days after the end of any taxable year in which you earn more than the annual exempt amount. You may contact SSA to file a report. Otherwise, SSA will use the earnings reported by your employer(s) and your self-employment tax return (if applicable) as the report of earnings required by law and adjust benefits under the earnings test. It is your responsibility to ensure that the information you give concerning your earnings is correct. You must furnish additional information as needed when your benefit adjustment is not correct based on the earnings on your record.